

Case Number:	CM13-0037939		
Date Assigned:	12/18/2013	Date of Injury:	05/29/2012
Decision Date:	03/04/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old male patient, who was injured on May 29, 2012, while performing regular work duties. He sustained the injury while driving a forklift in reverse, it struck a pole. The diagnosis includes obstruction of airway during sleep. The injured worker has continued complaint of cervical, thoracic, and lumbar spine pain, along with muscle spasms and decreased range of motion. The injured worker underwent an evaluation on May 20, 2012, which indicates the injured worker has clicking and crepitus noises in the temporomandibular joints, and a normal range of motion of the opening of the mouth. It was in this evaluation that diagnostic dynamic testing during simulated snoring was performed and the injured worker was found to have a high degree of dorsalization of the tongue base and pharyngeal collapse at the tongue base. On July 30, 2013, [REDACTED], evaluated the injured worker and reported objective findings of a limited and painful range of motion of the neck and lumbar spine. [REDACTED] noted muscle spasms of the neck and lumbar spine regions, along with some swelling in the neck with some sensory loss of the arms, and right leg. [REDACTED] also noted there are some trigger points in the neck and lumbar spine areas. [REDACTED] noted the injured worker to have a serious chronic condition with slower than expected progression in improvement. [REDACTED] noted the injured workers sleep to be a restful and nocturnal sleep pattern. Per the doctor's note dated 8/8/2013, he had complaints of headache and insomnia. Physical examination revealed BP- 143/98 mmHg, The medications list includes omeprazole, carbamazepine, sonata, procardia and maxalt. The records indicate the injured worker has received treatment included medications, and radiological imaging. The request for authorization is for purchase of immediate emergency medical

treatment of obstructive airway oral appliance. The primary diagnosis is sleeping related hypoventilation/hypoxemia conditions. On September 23, 2013, Utilization Review non-certified the request for purchase of immediate emergency medical treatment of obstructive airway oral appliance, based on ODG, and alternative supplemental guideline <http://www.ncbi.nlm.nih.gov/pubmed/16336026>.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

IMMEDIATE EMERGENCY MEDICAL TREATMENT OF OBSTRUCTIVE AIRWAY ORAL APPLIANCE FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, sleep aids, <http://www.ncbi.nlm.nih.gov/pubmed/16336026>, Oral appliances for obstructive sleep apnea, Lim J.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Head (updated 01/21/15) Sleep aids

Decision rationale: MTUS guidelines do not address this request. Per the cited guidelines common sleep disorders for which individuals are at risk include, but are not limited to, posttraumatic hypersomnia, narcolepsy, central sleep apnea, obstructive sleep apnea, nocturnal seizures, periodic limb movement disorder (PLMD) and insomnia. Depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. (Colorado, 2005). Per the records provided patient had an obstructed airway during sleep. The rationale for the need of an oral appliance for the obstructed airway is not specified in the records provided. A details of the response to other measures for this condition including pharmacotherapy, and life style changes such as sleeping on ones side, not the back, use of special pillows, weight loss measures, is not specified in the records provided. The medical necessity of immediate emergency medical treatment of obstructive airway oral appliance for purchase is not fully established for this patient.